The CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-THREE NUMBER NINE

SEPTEMBER 1937

The International Congress

CORY M. TAYLOR

Miss Cory M. Taylor, of Toronto, who is assistant director of the Junior Red Cross in Ontario, has acted, on behalf of the Journal, as official observer during the International Congress. The formal proceedings will be commented upon, in a later issue, by the president of the Canadian Nurses Association, Miss Ruby M. Simpson. Miss Taylor's diary gives us much of the vitality, colour and movement of this memorable gathering. The photographs, including the beautiful frontispiece, were made by Miss Taylor herself. Editor.

July 16: Today the Grand Council of the International Council of Nurses paid a visit of homage to the grave of Florence Nightingale. Where shall we look for the stone bearing the simple inscription "F. N. Born May 12, 1820. Died August 13, 1910"? Not, as many seem to expect, in Westminster Abbey or in St. Paul's Cathedral, but in the very heart of the land she loved, in the shadow of St. Margaret's, East Wellow, an old ivy-covered church, the nave of which dates back to the thirteenth century.

Picture five large buses, bearing over a hundred Grand Council members from thirty countries, leaving London at nine o'clock. For nearly three hours we journeyed through crowded city streets, quaint villages, and along modern highways, until we stopped, on the famous Hog's Back, for a view extending many miles over beautiful England at her best. Then on again, past fields of grazing sheep, thatched cottages, and rose covered hedges. We caught only a glimpse of an old red brick house in a garden, bearing the plaque, "Jane Austen lived here . . . "

Presently we turned away from the travelled roads into a sunlit country lane, where the leafy branches brushed the sides of the car as we passed. At the arched gateway of the Churchyard

Canadians at the grave of Florence Nightingale.

stood the Vicar, and Dame Alicia Lloyd Still. No one can ever know the thoughts and feelings of those who filed slowly in through that gateway and watched Mrs. Bedford Fenwick place the first wreath. Flowers of every hue were placed by loving hands, on behalf of others working in many lands. These were a silent tribute, but still more eloquent was that reverent silence as nurses from thirty different lands stood together in that little country churchyard. The silence was broken at last by the drone of a plane overhead, the singing of birds, and as a benediction, a hymn was sung in their mother tongue by nurses from a northern land . . . Quietly we left that peaceful hillside.

A drive of only a mile or two takes one to the gatehouse of Embley Park, where the Nightingale family once lived. Passing the old carriage block at the door, the guests were welcomed in the great hall by the present owners, Mr. and Mrs. J. J. Crosfield. Then we passed out into the gardens, with moss covered sunlit paths, spreading cedars, rare rock plants, lily beds, and a fountain playing in a blue pool. We stood beneath the canopy formed by the branches of a huge tree, and seemed to see a girlish figure seated in the midst of her Sunday school class.

Who would not love to wander about Embley Park with the owner as a guide? Mr. and Mrs. Crosfield appreciate the trust that is now theirs. It was our host who, with a merry twinkle in his eye, showed us the library doorway and told us its story. The library is a beautiful room overlooking the garden; they say Florence Nightingale loved to sit in the large bay window, and when alone often had her meals served there. This made many extra steps for Arthur, the butler. Finally a doorway was cut through the bookshelves, but shelves and bookbacks were all most cleverly replaced on the new hinged door. To show the Nightingale sense of humour, appropriate titles were used for the bookbindings, including one for the special benefit of the butler. A beautiful volume stood erect on the top shelf for many years, bearing the title, "The Passing of Arthur," by Lord Tennyson. We hope that Arthur, the butler, appreciated the title, as well as the new doorway.

The clock tower chimed the hour of

"The Passing of Arthur"

Embley Park

six as we thanked our gracious English hosts who, with such evident delight, had shared with us their home and its treasure of memories. East Wellow . . . Embley Park . . . tonight as we repeat the words to ourselves, they seem to have acquired a new warmth. We mount again the stairway to that bedroom on the third floor, where we stood and gazed from the open windows, across the miles. Was it only imagination that made us seem to see beyond the velvet lawns, the flowing stream, and the green hillsides, a widening horizon, even into lands far distant? And on the distant hillsides there seemed to appear many lights!

July 18: Many unusual services have been held in St. Paul's Cathedral, but seldom can there have been a more interesting audience than that which gathered beneath the historic dome this Sunday morning. Stepping within the great doors, one felt at once the solemnity and rich beauty of the environment. As on other occasions, we passed down the right aisle, so that we might pause for a few moments before the beautiful copy of Holman Hunt's "The Light of the World.",

While the strains of the great organ stole softly over the vast gathering, and we waited for the service to commence, our attention was irresistibly drawn to the audience, as well as to the beautiful architecture of the building. There were several thousand worshippers, a few in oriental dress, the majority in civilian attire, but also a large number wearing the various street uniforms of the Continental and British nurses. It was the expression on many of the faces that held us, for they were of all ages and on some responsibility and care had left their own tale.

Here and there were large groups of London student or staff nurses, in hospital uniform, their white, pink, blue or grey uniforms making a pleasant contrast with the darker dresses worn by most of the great audience. Most noticeable of all, however, (and fittingly so) was the splash of colour made by the scarlet and blue uniforms or capes of the Nightingale School of St. Thomas's Hospital. Yet again it was the faces that held our attention, for they were young, fresh and eager. As we looked at these many groups, we felt that the future of our profession is in safe keeping.

The Doorway of Embley Park

Canadians at the grave of Florence Nightingale.

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The Doorway of Embley Park

St. Margaret's Church, East Wellow

The message of the Archbishop of Canterbury was inspirational in its simplicity. He reminded us that in spite of the wonderful growth of our profession during the last century, the blessing of skilled nursing care still had to reach those in need in many parts of the world, and added, " . . . it is well to see against the background of human suffering and pain, this world-wide fellowship of service to humanity."

The music, the specially selected hymns, the message of a great religious leader, and the shaft of sunlight playing down through the great dome, all helped to make this a fitting commencement for an International Congress. Later, as we watched many reverently pause for a moment before the Florence Nightingale Memorial, we thought again of that peaceful churchyard, at East Wellow.

On this day the members of the Congress who are of the Roman Catholic faith attended a specially arranged High Mass in Westminster Cathedral.

July 19: London is certainly doing her best to give a warm welcome to the thirty-three hundred nurses gathered here from forty-odd countries of the world. As the nurses streamed into Westminster Cental Hall at nine o'clock this morning official guides, interpreters, and information centres were ready to help one and all. The Great Hall was a colorful scene, the platform banked with soft pink, blue and mauve hydrangeas and green fern. The Board of Directors and the Grand Council occupied seats on the platform, which rose in tiers up to the console of the organ. In the front row were chairs reserved for Her Royal Highness, The Princess Royal, Dame Alicia Lloyd Still, the Mayor of the City of Westminster, Mrs. Bedford Fenwick, Founder of the International Council of Nurses, the Rt. Hon. Sir Kingsley Wood, Minister of Health, Lord Dawson of Penn, Sir Cuthbert Wallace, President of the Royal College of Surgeons, Mr. K. Kindsay, Parliamentary Secretary for the Board of Education, Lady Ruth Balfour, President of the National Council of Women, and five nursing representatives, including Anna Schwarzenberg, executive secretary of the International Council of Nurses.

Huge flags of the various nations represented on the International Nursing Council hung from the balcony railing, stretching across the front and far down

Canadians at Embley Park

The Steps of St. Paul's Cathedral.

on either side. Among many others, the banners of Canada, Germany, Great Britain, the United States of America and Switzerland hung side by side, symbolic of the desire of all the members of our profession to work together.

Promptly at ten o'clock, H.R.H. The Princess Royal entered the Great Hall while the organ pealed forth the strains of our National Anthem. Looking perhaps a little taller and slighter than we expected, the Princess Royal was very attractive in a long, beige lace gown, gloves to match, with a wide hat, narrow girdle and shoes all of dark brown. She carried a sheaf of orchids and a small bag, into which we noted her speech was later tucked away. Her Royal Highness welcomed the delegates and declared the Congress open and brief, (yes, really brief), speeches followed on behalf of the City of Westminster, the Government and the medical profession. The Mayor of Westminster, the Hon. Arthur Howard, wearing his gold chain of office, was in a somewhat humorous mood. Sir Cuthbert Wallace, President of the Royal College of Surgeons, affirmed that "no one knows the power of nursing until he has been a patient"! On behalf of the medical profession, Lord Dawson of Penn said that nursing was more than a profession: it was a vocation which could reach nobility. Sir Kingsley Wood welcomed the delegates on behalf of the Government. He hoped that the congress would be instrumental in progress being made in the status and conditions of the nursing profession all over the world.

It was all very interesting and brief, for at ten-thirty sharp The Princess Royal left the platform, accompanied by Dame Alicia and Mrs. Bedford Fenwick. Half-an-hour later the meeting again came to order and the official business of the Congress began. The Roll Call brought forth rounds of applause as the names of the various countries were called, and delegates rose in response from all parts of the building. Incidentally the delegates from China (in their national dress) and from Japan, seemed to receive an added measure of applause, in reply to which they smiled and bowed with true Oriental courtesy. Representatives of three special groups then answered the Roll Call; these included the League of Nations, the League of Red Cross Societies, and the Rockefeller Foundation.

Two English Matrons, Miss D. Smith and Miss D. Lane.

The address of the President, Dame Alicia Lloyd Still, challenged the profession to thought and action. We quote a few words: "Nursing is an Art. The best powers of mind and heart should be given to enrich and ennoble that Art. We are in danger of making a study of nursing, instead of an informed and skilled practice of nursing. We need both service and art, but it must be applied science and practical art."

Interesting details of change and progress in the working of the International office were given in the report presented by Miss Anna Schwarzenberg, the Executive Secretary. We were pleased to hear that two trained nurses have been added to the International executive staff. Australia, Switzerland, and Roumania applied for membership this year and were accepted, bringing the total number of affiliated national associations to thirty-two. Added to this number are the nine other associations affiliated with the Council, making a total of forty-one countries officially represented at these meetings.

As might have been expected, Mrs. Bedford Fenwick, Founder of the International Council of Nurses, received prolonged applause as she rose to give her report and in clear, ringing tones addressed the great audience. Amongst others presenting reports was Miss Isabel Stewart, whom we still gladly claim as our own.

The variety of the uniforms quite fascinated the Canadians. Some looked extremely smart, others very appealing, but all seemed to have at least a touch of spotless white, whether the headdress were a veil or a cap. Mingling with the varied uniforms, and the gay London or home-town frocks, were the more severe habits of the Religious Orders,

A colorful group at Bedford College

"They shall bring the honour and the glory of the nations into it."

partly concealing a gentle smile and kindly eyes.

Section meetings were held during the afternoon, each of the four in crowded halls. Is it not a rather interesting and significant fact that the overflow in the Public Health Section was so great that arrangements had to be hastily made for the use of the Great Hall?

July 20: Have you ever watched a boat pull up anchor, pick up sail, and then, after a sort of final flutter, plunge out into the deep? The International Congress of Nurses is today moving under full sail. Canada was well to the fore, for many representatives were on the programme in the various sections: Miss Ruby Simpson, Miss Jean Gunn, Miss Grace Fairley, Miss Elizabeth Smellie, Miss Mary Mathewson.

In the public health section, where our President, Miss Ruby Simpson occupied the chair, free discussion followed the presentation of papers concerning general and specialized training for the public health nurse. At all sessions the translating of discussions and questions into the two other official languages, French and German, takes considerable time. However, with a good chairman this difficulty is reduced to a minimum. Following the paper presented by a nurse from Yugoslavia, the discussion was led by Miss Mirams, of New Zealand. Showing the wide range of opinion, speakers followed from Great Britain, Finland, Latvia, Denmark, the Netherlands, and Germany. It was agreed that the nurse should first be given a thorough general training, followed by specialized training for the public health field. In the Netherlands, arrangements have been made for public health nurses to return to the hospital wards for a brief period, in order that they may be familiar with the latest teaching in bedside practice and treatment. All speakers stressed the value of bedside work,

as being in most cases the best way of preparing the way for public health teaching.

We were interested in hearing that Latvia has a rural population of eighty per cent. The nurses of that country and nurses working in the Canadian prairie provinces no doubt have to struggle with many similar problems, for is not the rural population of Saskatchewan, for example, about seventy-three per-cent. During the afternoon the question of national co-operation in public health work was considered, following the excellent paper presented by Miss Elizabeth Smellie.

A lecture and demonstration given by an expert from the Air Raids Precautions Department, London, drew a full attendance. Some have asked why, if we wish peace, such matters are discussed at all. We gather that the thought and teaching in England today is along this line: The development of and preparation for chemical warfare may be likened to a disease, or a poison. At the present time, many feel that the only known antidote to that poison is an expert knowledge of how it works, and how to offset successfully its effects and dangers. Doctors and nurses, of all people, should therefore understand the value and application of the antidote.

Sister Bergliot Larsson and Miss Hillyers.

Grand Council members were not thinking much about nursing problems this afternoon, however. They were preparing to look their best when they arrived at Buckingham Palace at four o'clock. A few members were obliged to go direct to the Palace from Westminster Central Hall, so we had the pleasure of seeing them set off, looking very gay. We heard them say with a nonchalant air, "Buckingham Palace" —just as though being presented to two Queens in one afternoon was an everyday affair!

July 21: "Wherever do you 'Americans' find such energy?" asked a European nurse when she heard the Canadians were meeting for breakfast, in the heart of London. To some it meant getting up very early, but before 8.30 over 150 nurses had registered. It's rather fun to find yourself in London, being introduced to someone from your own home town!

Breakfast over, our President, Miss Ruby M. Simpson, called the roll by Provinces. Only one member of the family of nine was missing,—Prince Edward Island—and considering the great distance, the Pacific Coast had a particularly large representation.

Miss Fairley voiced the appreciation of all Canadian nurses of the work done by the President, Miss Simpson, and by Miss Jean I. Gunn, in connection with International and nursing problems. After singing "O Canada", the Canadian delegates hurried (of course they would) down the London streets, past the crowded morning buses and schoolboys in silk hats, past so many interesting bits of London in just that short walk, back to Westminster Central Hall.

Dame Alicia Lloyd Still and Miss Anna Schwarzenberg

Having looked into each section meeting room, we decided in favour of midwifery which has been described as one of the best sessions of the Congress. We heard of the well organized work of the New Zealand Maternity service and learned that although, in Sweden, midwifery has been recognized for three hundred years, the working conditions and salaries offered a trained nurse with special midwifery training, leave much to be desired. In the Soudan, midwifery has been fostered by the Government for seventeen years, although few of the midwives can either read or write. An excellent demonstration followed, for which the large hall was packed, many standing throughout the session. We were reminded of the value, at all times, and in so many fields of our professional work, of *a good practical demonstration.* We left in hearty agreement with the Swedish speaker who said: "only the best is good enough for mother and child!"

It seems we had so much to say about Canadians who meet for breakfast in central London before the sun is high, that we almost omitted to mention the Canadians appearing on the morning programme! Miss Florence Emory's paper on University Schools of Nursing was presented by Miss Edna Moore, who later gave her own paper regarding public health working conditions. Miss Jean Church's address regarding hours of work set the ball rolling for discussion, and incidentally gave the London reporters material for carving into headlines. The question of hours seems to be a subject on which, internationally speaking, there is wide diversity of opinion. However, many lands seem to be learning from experience the wisdom of shorter working hours.

With so many social engagements to attend, the thoughtful builders of the Congress programme arranged for only one evening session. For this, the Great Hall was a kaleidescope of colour, with its large flags, flowers, national costumes and pretty evening frocks. Before the opening of the meeting, the Band of the Royal Army Medical Corps played, their programme including many national airs. Mrs. Bedford Fenwick, the Founder of the International Council of Nurses, presided at this meeting, which opened with the reading of

Switzerland and China.

cables of greeting from other lands. With a vibrant voice, and looking the personification of perpetual youth and energy, Mrs. Bedford Fenwick spoke of her joy at seeing this great gathering: "the rich flowering of the seed planted in 1899."

Following the announcement that the invitation of the United States of America had been accepted for the International Congress to be held in that country in 1941, the new officers were introduced to the audience. Hearty applause greeted the new President, Miss Effie Taylor, as she came forward, followed by the presidents and officers of each national association.

The most spectacular event of the evening was of course the acceptance into the International Association of three new countries: Australia, Switzerland, and Roumania. The flag of each of these countries was carried to the platform in turn. Australia was welcomed by Dame Alicia Lloyd Still, representing Great Britain, Switzerland by Miss Susan Francis, representing the American Nurses Association, and Roumania by Mademoiselle Jeanne de Joannis, of France. Each spoke briefly, as flowers were presented to the newcomers. "These flags represent the soul of the people" . . . . said the Australian speaker. Miss Francis, in referring to Switzerland, spoke of the beauty and peace which is to be found there. In reply, the Swiss speaker referred to the interest of their nurses in the work of the International Council of Nurses, and added the significant remark, "we now can take an active part in that work." Roumania's representative, in her beautiful national costume, gave an impassioned message and added, "The essence of brotherhood is the very life of nursing."

Then followed the Florence Nightingale oration, delivered by Sir George Newman. We can think of no one more fitted for that task, for it was obvious that Sir George has studied and admired the life and work of Florence Nightingale. Following a vote of thanks moved by His Excellency, the Minister for Switzerland, M. Charles Paravicini, and seconded with deep feeling by Sister Bergliot Larsson, of Norway, another memorable session was brought to a close.

Miss Elizabeth Smellie

July 22: We overheard this in a London bus while on our way to the Congress: "When I go to the sea for my holidays, I don't like to go where there's no blow." With this thought in mind, we arrived at Westminster Hall wondering just where we should be likely to find the most "blow". We tried several locations, but finally settled down in the section where Miss Margaret L. Moag, superintendent of the Montreal Branch of the Victorian Order of Nurses was, most appropriately, presiding. Here the Queen's Nurses were explaining many interesting features of their work in urban and rural districts. As might be expected, the Superinten-

dent from Ireland displayed a delightful sense of humour. We learned that "you are somebody" when you work on the islands off Ireland. Transfers from such isolated districts can be readily arranged, after a period of service, but the Queen's Nurses seem to grow attached to the people, and appreciate the opportunity of serving them in these lonely places. Transportation was discussed, and when a car, motor or nurse-propelled cycle is not suitable for the district work, it seems that a committee may allow a grant for shoe leather.

Like that of our own Victorian Order of Nurses, the work of a Queen's nurse is strenuous, but never monotonous. It must surely have its own appeal, for we learned that 674 Queen's Nurses have received Long Service Badges for service extending over twenty-one years. The first Queen's Nurse, Dame Rosalind Paget, was on the platform and spoke briefly.

I felt a bit of a breeze coming from the section discussing occupational therapy and modern ways of dealing with mental patients. A uniformed nurse from the Netherlands, in splendid English, told of such work in her own land.

During the afternoon Miss Mabel Holt, superintendent of nurses, the Montreal General Hospital, presided at a session, officially termed "Dietetics." Unfortunately we missed the meeting, when views were expressed and demonstrations given, by nurses from Germany, Great Britain and Hungary.

In the evening we attended the magnificent Pageant of Nursing. "If we had received no other help or inspiration from the Congress, the Pageant of the History of Nursing would have made almost any effort to be in London at this time worthwhile." So we heard one overseas nurse remark. There are some things which defy description. The colour, the arrangement, the music were perfect. The audience, so obviously in sympathy, unquestionably looked upon this as one of the most outstanding features of the Congress.

Mrs. Bedford Fenwick, Miss Gunn and Miss Fairley

July 23: Perhaps it was a glimpse of the charming representative of the Japanese nurses, Miss Natsuye Inouye, dressed in a lovely blue kimona, and seated in the presiding officer's chair, that made us decide to learn more of Red Cross Nursing services. Miss I. Butler told of the organization and work of the Red Cross nurses in the United States, and referred to national enrolment of nurses. The audience listened with keen interest to the account of relief work amongst the victims of last winter's terrible floods. We liked the tale of the three little knitted jackets, sent out from England with a note but no name, so they would not have to be acknowledged. Thoughtful soul! We were delighted to hear that little "Noah", born during the flood, was the happy recipient of one of these jackets. Discussion was opened by a speaker from Turkey, telling of their work under the "Red Crescent." A Polish leader asked questions regarding national enrolment, while nurses from Germany,

Great Britain, Latvia, France and Greece also participated. Although the discussion extended over the brief period usually allowed for our morning coffee, we really did not mind. Who would, when a black-haired, kimona-clad chairman bowed, smiled, and thanked us all for our presence?

Later we hurried into an adjoining room to hear a discussion regarding the interchange of nurses between different countries. Miss Edna Moore spoke of an exchange between two school nurses, one of whom works in Edmonton, Alberta and the other in London, Ontario. It was suggested that these exchanges have news value and might be used in the education of the public with regard to the nursing profession. It was pointed out that nurses who are going to work in European countries should carry official documents, certifying that they are students; this would assure the authorities that the nurse in question will return to her own land at the expiration of a given time. Naturally, many factors enter into the situation such as language, personality, training and experience, as well as the type of work being done by the participants in the exchange. General ward duty and opportunities for observation in special departments may be possible. While administrators question the value of exchanges to a school, it is agreed that the experience can be of considerable value to individual nurses. Others are strongly in favour of encouraging exchanges, either within the Empire, or between countries using the same language. In the afternoon, delightful garden parties, on which the sun shone brightly, were held at the London Hospital, and at Guy's. The Latvian Minister, on behalf of the Latvian nursing delegates, invited a number of guests to a reception at the Legation.

Germany, Switzerland and Latvia.

It is not often that we enjoy the privilege of directing a taxi driver to "The Norman Porch of the House of Lords, please." We understand that never before has a similar group of women been given the freedom of the Palace of Westminster. More than a thousand guests filled the great corridors and admired the rich carving, the colorful mosaics and fine paintings. In the House of Lords itself, we saw the famous red morocco benches, provided for 550 noble Lords and the cross benches reserved for the Princes of the blood.

Westminster Hall was particularly impressive. Begun in 1097 by William Rufus, its grey walls have witnessed a veritable pageant of history. Tablets mark the spot where Wallace, Charles I and Strafford stood for trial. A small brass plate shows where, only last year, a beloved Sovereign lay in state. Nor was it difficult to picture the scene when

four royal Princes came quietly one night to take up their vigil.

The buildings are most impressive within, and now by way of contrast, let us step out on to the Terrace. Westminster Bridge is only a short distance away, bearing heavy London traffic, yet on the Terrace we scarcely seem to hear a sound. Beyond the Bridge lies the flood-lit facade of the London County Council buildings, while directly across the flowing river are the many buildings of St. Thomas's Hospital. A soft breeze is wafted over the Terrace, and the moon is partly hidden behind the clouds. Even Nature seems to have done her best to make this an evening we shall be happy to remember always.

July 24: Now we come to the last morning, a general session and farewell meeting, held in the Great Hall. As the sun pours into the building, Dame Alicia Lloyd Still rises to give her farewell address and the Watchword. Her message is brief and from the heart, and is woven about the new watchword: "Loyalty"—to your country, loyalty to your patients, and loyalty to your womanhood." The retiring President, who has accomplished so much for the International Council of Nurses, and who in a very quiet way made the Congress a success, then introduced the new President, Miss Effie Taylor.

In accepting the high honour conferred upon her, Miss Taylor said she considered it to be a sacred trust. She felt that during the Congress days: "through intellectual and spiritual communion we have been drawn closer together. The Pageant, with its imaginative beauty, had inspired new hope, and we are glad that we were led to choose nursing as our profession. How naturally the watchword Loyalty seems to follow that of Concordia." Referring to the Congress in 1941, Miss Taylor said that American nurses realize the difficulty of following a Congress held in London. America will strive to do well what America can do, believing that to be truly successful we must always be truly ourselves." In closing her address our new leader quoted the old familiar benediction: "May the Lord watch between thee and me, while we are absent one from another."

The new President, Miss Effie Taylor.

Five speakers followed, with messages of farewell on behalf of nurses from the five continents. We shall quote only a few: "The International Council of Nurses is thirty-eight years old. It is the privilege of few organizations to have its Founder still in their midst, after the passing of so many years." . . . "We are carrying home new ideas for development, but these are not of first importance. It is friendship with one another that makes the I.C.N. a *living* thing." . . . Miss Alexander, of South Africa, spoke with the draft of the first Constitution, dated 1900, in her hand, and quoting from it, said: "We are bound

together to improve our work in the service of the sick and to promote the health of the nations."

As flowers were presented to the retiring and the new Presidents of the Council, the great audience stood, as an expression of their esteem and respect. Later these flowers were placed at the base of the Florence Nightingale monument, in Waterloo Place, a humble tribute to "The Lady of the Lamp."

July 24: If ever we felt like Cinderella it was on Saturday night, when the clock struck twelve! From the moment we received the huge official invitation to a reception at the Guildhall, with the added lines: "Evening dress and decorations, and Carriages at 12 o'clock," we knew one of the thrills of a lifetime was at hand.

In one of the cars in a slowly moving line we finally drew up to the entrance, and stepped out beneath the huge red and white canopy. There were crowds of people on both sides of the narrow street, waiting and watching. for in a few moments was not the Lord Mayor of London expected to drive up in state, with the City Marshall leading the procession, dressed in scarlet and on horseback,—to attend a reception for the International Council of Nurses!

Having surrendered our magic card of admission, for which we received in exchange a beautifully printed souvenir programme, we almost felt we were in fairyland. The corridors, heavily carpeted in crimson were banked with palms and flowers. The guests looked surprisingly lovely after such a strenuous week, as we made our way to the library, a magnificent hall in Tudor style. Here, on state occasions, the Lord Mayor of London receives distinguished guests,—and here a few minutes later he did officially receive and welcome the members of the International Congress of Nurses. Following the official reception, the Lord Mayor, the Lady Mayoress and the official party walked *in state* through the Great Banqueting Hall.

The use of modern lighting has added to the beauty of the Great Hall, and concealed lights throw into relief sculptured portions of the walls. The rich colouring of the great windows also shows clearly, even at night. The great carved wooden figures of "Gog and Magog", in the corners of the gallery, can be seen clearly from the far end of the Hall. What tales they could tell of great banquets, pageantry, and political drama enacted during two hundred years!

The richly decorated Council Chamber and Alderman's Court Room, the museum, the crypt, and the Corporation Art Gallery were all open to the guests, while in one of the rooms the rich gold and silver plate of the City of London was displayed.

Slowly but surely, the hands of the clock in the Great Hall moved on, until, just before midnight the strains of God Save the King resounded throughout the beautiful old building. The clock struck twelve, and our "carriage" appeared, to carry us home. The magic evening was over, but in years to come many nurses in all parts of the world may perhaps see again, in the sparkle or the glow of the embers of their own hearth fires, the beauty and wonder of London's old Guildhall!

THE EDITOR'S DESK

An excellent job!

As our readers are already aware, the task of preparing the "news story" of the International Congress of Nurses was, at the request of the Canadian Nurses Association, assumed by Miss Cory M. Taylor. To see how well she succeeded you have only to turn the pages of this *Journal*, in which her lively narrative and excellent photographs give a vivid picture of a notable occasion.

In order that her story might appear in our September issue, Miss Taylor had to write it while the events she describes were actually in progress. It is rumoured that the midnight tappings of her busy typewriter caused her to be secluded in a room remote from companions trying to snatch a little sleep. However that may be, the editor hereby acknowledges her debt to this competent observer, who, under great pressure of time, lived up to the best traditions of reporting:

Her manuscript was legibly typed and was double-spaced.

She answered correctly the classic questions: "When? Where? Who?"

She caught every mail on the dot.

She identified each photograph—accurately.

She collected newspaper clippings and marked them with the name of the publication and the date.

To put it in a nutshell—she did an excellent job.

More to follow

In the October number, Miss Ruby M. Simpson, president of the Canadian Nurses Association, will discuss the official deliberations of the Grand Council of the I.C.N. and will sum up the general trend of opinion. Miss Simpson has also promised to tell us about the principal social event in a brilliant series—the visit to Buckingham Palace.

The new officers

A complete official list of the new officers of the International Council of Nurses is not as yet available. We do know, however, that the president for the next quadrennial period is Miss Effie Taylor, Dean of the School of Nursing of Yale University. Her recognized ability as an educator and administrator, her firmness, tolerance and kindly humour all combine to make this choice a happy one. Miss Taylor is a Canadian by birth and we are therefore justifiably proud that the highest honour which lies within the gift of nurses has been awarded to her.

The first vice-president is our own Jean Isabel Gunn. There is no one who enjoys a greater measure of respect and affection in every country than she does. Her inspired commonsense and clarity of thought will be invaluable in the Council of the nurses of the world.

In 1941 the Congress will be held in the United States of America. Although Miss Taylor modestly admitted that American nurses do not hope to rival the glories of the London meeting, we have an idea that this event will have a lustre all its own.

As others saw us

Several foreign correspondents have written to us appreciatively about the contribution made to the work of the Congress by the representatives of the Canadian Nurses Association. Here is a particularly pleasing tribute, made by a very discriminating observer: "How I do like Canadian nurses! Your official representatives not only adorned any gathering at which they were present, they contributed sound and well-ex-

pressed ideas to many of the discussions, in addition to those presented in their papers. We are all rejoicing that Miss Gunn is now a member of the Board of Directors. Her clear thinking will be a very great asset."

Echoes

Canada entertains

Prior to the Congress, the Board of Directors of the International Council of Nurses were entertained at a luncheon held at the Cowdray Club, as guests of the Canadian Nurses Association. Blue and white flowers adorned the tables, and the place cards bore the crest of the Association. It was a merry and informal party and at the request of our President, Mrs. Bedford-Fenwick and Dame Alicia Lloyd Stiil said a few words to us. Miss Ruby Simpson, in a gay little speech, spoke of Canada, and invited the guests to cross what the Indians call, "The Big Salt Water." When the next International Congress is held just south of the Canadian border, many will surely accept this invitation to see Canada for themselves.

Rain in London

Who was the nurse who, caught in the rain near a Royal Sentry, nipped into his empty sentry box whence she later emerged dry and smiling. And who was the chivalrous fireman who offered shelter within the sacred precincts of his Fire Hall to a group in a similar predicament?

We Wonder!

Who was that "Old International" who in thanking the Matron of a British Hospital for her hospitality said: "Thank you all so much. You have been *so hostile* to us."

Her Master's Voice

This episode is said to have occurred during a dress rehearsal of the Pageant of Nursing which created such a profound impression at the International Congress:

Producer (posing early Knights of St. John for photograph): Warrior, will you come in a little. You're out of the picture there.

(Warrior continues to lie inert on remote battlefield.)

Producer (much louder): Warrior! Please move in a bit.

(No answer.)

Producer: WARRIOR! COME IN!

(No answer.)

Producer (in the quiet tones of desperation): Nurse, I want . . .

(Warrior leaps into position as if electrified.)

The President's Address

A profound impression was made by the address delivered before the International Congress of Nurses by its President, Dame Alicia Lloyd Still, at the opening session on July 19, 1937. We quote the full text. As our readers are aware, Dame Alicia is the Matron of St. Thomas's Hospital, London and the Principal of the Nightingale School.

Friends and Fellow Nurses from the world over:

Though you have already been greeted in words at the opening meeting, I would like you to feel that the real greeting comes from our hearts, and is expressed in the same welcome we accord to all who have come to this country—the motherland of so many gathered here, the spiritual home of those who would follow in the steps of Florence Nightingale.

We are living in stirring, but in most difficult, times. The unrest around, the altering standard of life, confuse our ideals, nay, seem to threaten our very foundations. We are seeking peace, but in a feverish chase. We live in a vortex of activity, pursuing everything in a nervous haste that militates against sane judgment and effective progress.

We seek the short cuts, the attractive ways, the prepared roads. We are shy of the rough paths; we avoid the steep climb to the hills of vision; we dread the long arduous roads that lead so slowly to success. Youth wants pleasure, variety, distraction, and it is right; but life should not be a search for happiness.

Happiness comes not by seeking but by cheerfully fulfilling the duties fallen to our lot. In the words of our late beloved King George: "The secret of life is not to do what one likes, but to try to like what one has to do."

We are faced with many and varied problems; we must meet them as they arise, and solve them in the spirit of adventure and with enlightened understanding. We cannot stand still. We must go forward. But let us be armed with knowledge to make our progress sure. We must work in the true spirit of service. How that glorious word "service" has been belittled in countless eyes. Yet it is borne proudly on the royal arms of the hereditary Prince of Wales. *Ich Dien*—I serve. And it has been the watchword of all those great souls who have laboured with love for humanity.

When training has formed and disciplined the mind and will, has given skill to the hand, then we can bring forth the best fruits of our endeavours. Let us give generously of ourselves, not counting the cost. We must take stock of ourselves, and test our true metal by the touchstone of loyalty. Are we loyal to our country, working as high-minded citizens for the welfare of all? Are we loyal to our profession, helping to build up a community of interests and world-wide co-operation? Are we loyal to our colleagues, free from carping criticism, helping those less fortunate than ourselves in a spirit of toleration, giving them sympathy and understanding? Are we loyal to ourselves, not only as nurses but as women—seeking to follow the highest as we know it, and using our potent influence for the best issues? If we are to make good progress we must be united, work as an organized team, play the game of life with all the rules. Play, unrestrained, leads nowhere.

This world is a wonderful place with so much work to do and such vast opportunities for doing it. Our predecessors have given so much, have left us such rich legacies. Are we to do naught but enjoy the fruits of their toil?

Nursing is an art. The best powers of mind and heart should be given to enrich and ennoble that art. We are in danger of making a study of nursing, instead of an informed and skilled practice of nursing. We need both science and art, but it must be applied science and practical art.

We have come together to discuss our individual problems. When we see them in the understanding of the problems of others we find how similar are our difficulties the

world over. When we come to discuss them seriously it comes back to us how much they resemble the problems we have left at home.

The object of our discussions is that we should go back to face the difficulties of our work with fresh inspiration and with a stronger and clearer vision, in the light of what we have gleaned from one another during these days.

One more thing will I say. Do not let us be in a great hurry to make reforms. Take time. Go slowly. It may be months, it may be years, before we attain our object. But if those months and those years have within them all our concentrated effort, all our best thought, then will they be worth while and worth passing on to future generations.

May I wish you all a happy Congress.

AN AMAZING RECORD

The secretary of the International Council of Nurses, Miss Anna Schwarzenberg, has kindly supplied the *Journal* with a classified report of the number of registrations from the various countries which were represented at the International Congress.

From Affiliated Countries

Great Britain	1352
United States of America	362
Germany	25
Canada	184
Denmark	248
Finland	96
Holland	75
India	7
New Zealand	53
Belgium	114
China	14
Norway	117
South Africa	24
Bulgaria	8
France	173
Irish Free State	17
Poland	3
Greece	5
Yugoslavia	8
Philippines	5
Sweden	187
Austria	19
Czechoslovakia	14
Estonia	13
Hungary	4
Iceland	4
Japan	7
Australia	32
Switzerland	85
Roumania	2

From Associated Countries

Egypt	2
Latvia	24
Lithuania	3
Luxemburg	8
Palestine	7
Siam	1
Syria	1
Turkey	4
Chile	1

From Other Countries

Argentine	1
Italy	2
Mexico	1
Spain	1
Not classified	49
Total number of Registrations	3362

DEPARTMENT OF PUBLIC HEALTH NURSING

Public Health and the Basic Course

MARY S. MATHEWSON,

Assistant Director, School for Graduate Nurses, McGill University

We are about to discuss certain special branches of nursing such as pediatrics and psychiatry in so far as such specialties may contribute to the preparation of the nurse for the general practice of nursing. Fundamentally we believe that every nurse should be prepared to promote health and prevent disease as well as to care for the sick, whether she enters the field of public health nursing or not. To quote from the Proposed Curriculum for Schools of Nursing in Canada, "Nursing today is a community service which includes the health supervision of individuals and families as well as nursing the sick in the home or hospital." Just how to prepare nurses for this broader conception of nursing is one of the biggest problems facing our profession.

Dissatisfaction with the product of our nursing schools has been almost universal and has resulted in a realization that certain essential aspects have been neglected in the undergraduate course, notably the health and social aspects. Briefly the health aspects may be said to include knowledge of normal, healthy individuals, measures for keeping them in health, measures for the prevention of preventable diseases and for the protection of the community from infected individuals. The community aspects involve knowledge of living conditions, of family life, of health and social legislation, and resources for the relief of distress. Because public health nursing seems to embody just these things, it has been seized upon as the missing link, and practice in the public health nursing field has been advised as a solution for all our ills. Public health nursing, however, does not fall within the same category of nursing specialties as the succeeding topics on this programme but is rather an organized effort to provide necessary nursing service to the community.

The interpretation of public health nursing in terms of service will vary according to the state of development of nursing in any given country, and community needs. In general, it will be found to include health supervision of normal infants, toddlers and school children; control of communicable diseases by means of teaching and provision of preventive measures; supervision of women during the complete maternity cycle as well as the care of convalescent, chronic, or other patients in the home during pre- and post-hospitalization stages.

While practice in this field would undoubtedly broaden the nurse's outlook to a certain extent, this alone could not solve the problem. The integration of the health community aspects throughout the basic course is a fundamental issue. When this has been accomplished and all nurses are prepared for the broader field of nursing already described, what is now called public health nursing may more properly be termed *public nursing* as it serves all ages, races, creeds and colours according to their

need rather than ability to pay. Public health nurses are only doing what every nurse would wish to do but they have the advantage of organized support so that they may serve those who need them. It is most important that this should be realized.

Our interest today, however, is not the organization of the service programme nor the preparation of public health nurses but a matter of determining what public health nursing has to contribute to the preparation of the nurse for nursing. In many countries hospital schools do not afford adequate facilities for participation in health supervision programmes; for nursing of many types and degrees of illness not usually encountered in the hospital; for improvising equipment in the home. Obviously such tasks will face the nurse in practice. Surely she has a right to expect an opportunity to practise under sympathetic supervision during her undergraduate period rather than as a frightened and inefficient private nurse after graduation. If the hospital does not afford such opportunities, some other way must be found, or nursing will not be able to meet its obligations. The field of private nursing is not organized to provide such opportunities as yet. Public health nursing groups, however, in many countries, in order to provide adequate service, have developed planned supervisory programmes to initiate the new nurse into the field. Such programmes may be adapted very readily to meet the need of the student nurse under a plan of affiliation.

The resourceful teacher will review local facilities from the point of view of standards of service, qualifications of personnel and educational opportunities. She will then make the best possible use of these in working toward the goal of experience in those phases of nursing which the home school does not provide, as well as opportunities for practice outside the hospital setting under skilled supervision. Such affiliation must not be considered in any sense as a substitute for the interweaving of preventive and curative phases throughout the undergraduate period. It is rather a further opportunity for the consolidation of all previous learning.

In our zeal to meet the recommendations for affiliation in public health nursing, we must be practical. In many countries, including our own, it would not be possible to secure a prolonged period of affiliation for all student nurses at the present time. Community resources vary so greatly in different countries, and even in different parts of the same country, that no definite programme can be laid down, nor would it be wise to do so at this time. Experimentation along several lines should be undertaken in order that results may be compared and the more successful schemes developed. Every available resource, and those latent possibilities capable of development within the home school itself, must be utilized. The desired result can be attained only by common understanding of objectives and co-operation of all members of the nursing staff. The hospital staff nurse or sister who has had actual experience in the public health nursing field, who has knowledge of community resources and whose enthusiasm is contagious, is one of the most effective tools.

With regard to the matter of theory and practice: it is impossible to separate these, for theory is the belief or truth underlying practice. The more intimately the knowledge on which theory is based may be interwoven with its application or practice, the better the result will be. In other words, *knowing* must be followed as quickly as possible by *doing*.

The extent to which public health nursing theory and practice should be included in the basic course cannot be

stated in terms of hours, weeks or months. Educative experience is not a matter of time but a growth progress brought about by exposure or inoculation, a varying incubation period, and then a "take" in greater or lesser degree. The end result will depend largely upon our ability to guide the student in acquiring the desired attitudes and in adapting her knowledge and skills to nursing situations in home, hospital, health centre, school or other community health service.

Editor's Note: This address was delivered before the International Council of Nurses, in London, July 20, 1937.

A Responsible Task

The Department of Public Health in the city of Toronto has long been regarded as a model of its kind. Physicians and nurses from all parts of the world have studied its organization and have praised its excellent nursing division. Leadership of a high order has been given through the years by exceptionally capable nurse directors and, following the deeply regretted death of Miss Eleanora Moore, the appointment of Miss Elsie Hickey has now been made to this important position. Miss Hickey is a native of Ontario and a graduate of the School of Nursing of the Toronto General Hospital. For two years she practised her profession as a private duty nurse but, in 1915, entered the public health field and became a member of the staff of the Nursing Division. In 1918 she was made a district supervisor of the communicable diseases nursing department, a position which she held until she assumed her new duties. Miss Hickey is a member of the Canadian Public Health Association and is an active worker in the Registered Nurses Association of Ontario. She brings a wealth of experience to her responsible task and enjoys the confidence and respect of her fellow workers, all of whom wish her every success.

DEPARTMENT OF Private Duty Nursing

New Trends in Private Duty

JEAN L. CHURCH

Chairman, Private Duty Section,
Canadian Nurses Association

The private duty nurse, under our present system, is a free-lance. She works when and where she pleases, subject of course, to regulations laid down in the community where she resides. She may or may not belong to an organized group such as a Registry, although the usual practice requires all nurses working regularly in a community to list their names with the Central Registry. Such Registries are maintained by the nurses themselves. They pay an annual fee and have representation on the governing board. Members receive calls through the Registry, and are subject to the rules and regulations drawn up by the Board and approved by the members. With regard to the matter of hours, the regulations of most registries allow the greatest possible scope in order that arrangements may be made to suit any situation. There is no provision which outlaws the possibility of a nurse being continually on duty for many hours. Rules regarding rest and recreation are completely ignored.

When a nurse undertakes twenty-four or as it is termed in many places, twenty-hour duty, the rules of the registry usually state that she is entitled to three or four hours recreation and six hours undisturbed rest in each day. It can be readily seen, however, that, except when the patient is a genuine convalescent, the difficulty of carrying out this arrangement is great. Hours of recreation depend on the available assistance from members of the household in looking after the patient. There are very few patients even moderately ill, who sleep for six consecutive hours or who do not require some attention if awake during the night. The result is that the nurse snatches an hour or so of sleep while the patient sleeps, and perhaps for many nights has a very small amount of actual rest. These conditions do no one any harm for a short time, but extended over a period of many days or weeks as sometimes happens, the nurse's vitality is gradually lessened from fatigue and from the more or less constant strain of always being "on duty" and therefore responsible. When these conditions obtain for long periods of time, the nurse's efficiency canot be always at its peak and she cannot be capable of giving her best service to the patient.

While there is still no limit to the time which a nurse may be expected to remain on duty in a home without relief, there are very few hospitals, even among the very small, where anyone is allowed to do more than twelve-hour duty. We admit that there are still a very few small institutions where the nurse spends the night on a couch in her patient's room, but the undesirable aspects of this arrangement are so evident that the custom is fast becoming obsolete and is in reality practically extinct.

One wishes it to be clearly understood that in the mass of evidence against the more than twelve-hour-day either in hospital or in home, the point of service in necessity is neither overlooked nor be-

littled. In a country such as ours, where there are vast areas with the service of only one nurse in many square miles, we have daily evidence of cases where a nurse must remain at her post till the work is completed, whether it be for a matter of hours or days. This is being done every day by outpost nurses and by those whose homes are in rural districts, in all parts of the world, and no nurse who is worthy of her profession would think of herself or of her personal desires while the need existed. While there are pioneer communities and isolated settlements and dwellings, with all the privations that attend, there will be the necessity for the nurse who is sufficiently brave and hardy to live there and to give to the utmost of her strength and her ability to serve. The theory that such conditions should not be tolerated applies only in the older and more comfortably settled areas of any country. In these latter places, however, much thought should be given to some means of arranging for all necessary care of the sick without exploiting the women who provide the service.

Until the last few years, the accepted length of daily duty for private duty nurses has been twelve hours. According to arrangements in individual hospitals, this schedule has been modified to eleven or ten hours depending on the condition of the patient. When a patient is sufficiently recovered to be left alone or in the company of a relative or visitor for an hour or two, the nurse may leave at seven or six instead of eight o'clock, having before her departure left everything which might be desired, perfectly arranged and within reach. The nurses on the ward would attend to any emergency which might arise during the time before the second nurse on the case arrives. Even in the hospitals where the patients may only be left alone for two hours, the arrangement is found very satisfactory to both patients and nurses. Again, however, in such circumstances, the point of service arises. It is entirely a matter of the nurse's own honour, as to whether her patient can be left alone for such a time.

For some time, in most of the larger towns and cities in Canada, a few nurses have practised hourly nursing. This is simply a visiting nurse service, provided by an individual. It has been found that this does not interfere in any way with the work of the organized Visiting Nurse Associations. In many cases, indeed, it fills a gap when the organization is unable to meet the demands of the patient. By this I mean that a private nurse is able to arrange her calls to suit the patient, while the nurse belonging to an organization must attend to the calls in rotation and according to the arrangement best suited for all concerned. For instance, the private nurse can call at a certain hour every day, if it is so desired, and may be called at any hour, whereas the nurse belonging to an organized group has certain restrictions on the calls which may be accepted at night. A nurse who might be required for an obstetrical case at any moment, cannot go to an outlying district to spend an hour giving a massage to a nervous woman, whereas the private hourly nurse can go and send her into a happy sleep for the night. Most registries now provide this service with their regular schedule. The nurses who are willing to undertake the work retain their place on the call list while they are out, reporting to the registrar on their return. It is a service which is not very widely used but is much appreciated by those who avail themselves of its possibilities.

For many years nurses have realized that the twelve-hour day if continued, leaves little time for study or recreation and, if the hours of duty are particularly strenuous, no energy remains to carry out any desired plans when the day's work is completed. In all other profes-

sions and walks of life, individuals have realized the necessity for limiting the hours of work. As a result every group of workers in the world has attempted to arrange their day so that they may have a sufficiency of time for both rest and recreation. A few brave pioneers in nursing, in years past, had the courage of their convictions and planned an eight-hour day for the nurses in their hospitals. But it required the collapse of the entire financial and economic world to waken the general group of nurses to the realisation that the shorter day had advantages which they could no longer afford to ignore.

The economic situation in which the world has struggled since the financial failure in 1929, has had serious results in every section of the community. People who had been able to procure assistance when illness overtook them, even if only to a limited extent, suddenly found themselves without work and consequently not only without money but without even the bread necessary to maintain life. Those who had been in comfortable or opulent circumstances formerly, found it necessary to retrench and to limit their expenditures to things which were absolutely necessary for their welfare. Luxuries in all but exceptional cases, were out of the question, and special nurses, in most instances, came to be classed as such. The result was that the nurses who until then, had been as busy as they wished to be, were still ready to work but remained on call without a single request for their services, sometimes for weeks at a time. When one is busy and making a sufficient income it is easy to forget that there may be a day when the service one offers may not be required. Thus while many nurses had earned a good income for years, very few had acquired the virtue of saving. The resultant hardship among private duty nurses was great.

The situation in all large centres became so serious that of necessity thought had to be given to ways of remedying it. There were two aspects of the case, demanding immediate change:

1. The fact that a large percentage of the sick were not receiving the needed nursing care. (This was proved conclusively by the results of the survey conducted by one of the provincial nurses' associations.)

2. The fact that large numbers of qualified nurses were idle for long periods of time and, while their services were available, the sick were unable for financial reasons to obtain them.

The solution of the difficulty appeared to be to reduce the cost of the service and thus make it more easily available for those in need of it. This could be accomplished by a reduction in the hours of duty for the nurse and a similar reduction in the cost to the patient. This step is being taken by the nurses in many centres throughout Canada. Eight-hour service is being provided at a reduced fee, thus making special nursing service available in many instances where it could not otherwise have been obtained. There have been many and varied objections to this change from within the nursing ranks, but consistent reports from the cities and towns where the system has been given a fair trial, show that on no condition would the nurses choose to return to the twelve-hour schedule.

This long step in advance has had many good results. Our first aim and responsibility is to provide care for those who need it. If this could be adequately carried out, there would be no economic problem for the nurses of the world. Under the new system the private duty nurse is still a free-lance. She still comes and goes at will and works when and where she pleases. There are many who would not be happy under any other condition, but there are some who would

welcome a safer and a more secure position. For them there is a vision to contemplate — a still newer system, under which the nurse will be available for whatever is required of her, and in return, some plan whereby her income will be so arranged that her livelihood will not be a main consideration, and her working day will be so arranged that she will be able to give her very best to whatever she finds to do and yet will have leisure to enjoy the recreation she desires and to maintain her interest in the scientific advance of her profession.

Editor's Note: This article formed part of an address delivered before the International Council of Nurses on July 21, 1937, in London.

A Happy Reunion

Students in native costume

During the first two weeks of July the "Old Internationals" enjoyed a most happy reunion in London. An excellent programme was arranged, including lectures of a truly international character with excursions to associated organizations. For instance, a lecture on the International Labour Office was followed by visits to the International Telephone Exchange, the General Post Office and the Public Relations Department, and following a series of lectures by Dr. Mess of the Department of Sociology, Bedford College on "Our Country and other Peoples", "Race, Country and Nation" and "Nationalism", a visit to the British Broadcasting Corporation was arranged, which included a lecture on international broadcasting.

Delightful social functions were arranged with definite bearing on the Florence Nightingale Memorial Foundation, and, on the opening day, a reception was held at the Florence Nightingale International House when the different national rooms were open for inspection. Canada's room, which had been recently refurnished, looked very attractive with its yellow curtains and bedspread, the

A friendly chat

Postgraduate School of Nursing

Woman's Hospital in the State of New York

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gift and work of Miss Ruby Hamilton of Toronto. On the following day a reception was held at the College of Nursing where the delegates saw something of the classrooms, library and laboratories where the international students carry on their work; at this time the guests met the various instructors and tutors. A visit was paid later to the Red Cross Bazaar. H.R.H. The Duchess of Kent visited all the stalls and, at the Canadian stall, purchased a miniature totem pole from British Columbia. The Canadian booth looked very attractive and was in charge of Miss A. Arnaud. The presentation of certificates to the students completing the international courses took place at Bedford College when eighteen nurses received certificates from Dr. Alma Lundquist, president of the Medical Women's International Association. The three Canadians to receive their diplomas were: Miss Nellie E. Howey, Miss C. Elizabeth Sage and Miss Sadie Williams. Miss Sage received the 1936-1937 scholarship, awarded by the Canadian Nurses Association, and Misses Howey and Williams were independent students. At this ceremony the votes of thanks were given by Miss Kessel of Norway and Miss Sage of Canada, both students expressing themselves graciously and with enthusiasm concerning the work they had accomplished while in London. In presenting the students, Miss Jebb, the principal of Bedford College, announced the work that the graduates are going to undertake at the completion of the course. It was intensely interesting to hear of these varied types of service in the public health field and in the institutions of many different and differing countries. In the evening the "Old Internationals" entertained the Foundation delegates at their annual banquet at the Cowdray Club when the speeches were both bright and amusing.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

Exchange of Nurses

Several months ago a request was received at the National Office from a school nurse on the staff of the Public School Board of Edmonton, Alberta, who wished to exchange for a year with a school nurse in eastern Canada, preferably in the Province of Ontario. The request was referred to the Exchange of Nurses Committee of the Canadian Nurses Association with the result that the desired exchange has been arranged. The Committee on Exchange of Nurses consulted with the Superintendent of Public Health Nursing, Department of Health for the Province of Ontario, to find a public school medical service in Ontario which was similar to that of Edmonton. As a result, a school nurse on the staff of the Public School of London, Ontario, is to exchange with the school nurse from Edmonton. The exchange which received the approval of Public School Boards in Edmonton and London, commences in September and will continue throughout the school year. This new type of "exchange" will be watched with interest by the members of the Association.

The Committee on Exchange of Nurses reports that upon the completion of a year on exchange, three members of the Canadian Nurses Association have received extension of leave from Canada, two for another year and one for six months' leave in order that they may accept positions in South Africa for the time granted in extension of leave. The three members of the South African Trained Nurses Association, who spent a year in Canada, have returned to South Africa. It is understood that extension of leave beyond one additional year should not be granted to nurses who take advantage of the exchange system.

Dominion Registration

At the summer meeting of the Executive Committee of the Canadian Nurses Association, the Committee on Dominion Registration for Nurses in Canada was authorised to proceed to revise the original report (1936) in the light of suggestions for amendments as they are received from the Provincial Associations of Registered Nurses.

Early in July, a copy of the progress report of the Committee on Dominion Registration for Nurses and a folio of information was sent to each provincial representative on the Committee and to the President of each Provincial Association of Registered Nurses.

The Provincial Associations have been asked to submit, before November first, suggestions for amendments to the original report. The revised report must be ready for presentation to the Executive Committee at the December meeting.

The original report of the Committee on Dominion Registration for Nurses in Canada was published in The Canadian Nurse, April 1936.

General Meeting

The next General Meeting of the Canadian Nurses Association is to be held in The Nova Scotian Hotel, Halifax, Nova Scotia, from July 4-9, 1938. The Executive Committee has approved the appointment, by the Registered Nurses Association of Nova Scotia, of the Arrangements Committee under the convenorship of Miss Marion Haliburton, Halifax.

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Chicago, Illinois.

Book Reviews

HANDBOOK FOR MIDWIVES AND MATERNITY NURSES, by Mary Mayes, S.R.N., S.C.M., Sister Tutor and formerly Night Sister, Liverpool Maternity Hospital, Examiner for the Central Midwives Board Examination. Published by The Macmillan Company of Canada, 70 Bond Street, Toronto 2, Ontario. 456 pages and index. Illustrated. Price, $2.50.

Canadian nurses are inclined to envy the legal privilege of practising midwifery which is enjoyed by nurses in Britain and in many other lands. The plain truth is that many nurses in Canada have been obliged by sheer force of circumstances to deliver patients whether they would or no. The recent enquiry into maternal mortality in Canada revealed that nurses do not possess either the knowledge or experience which is required in this field. Until steps can be taken to correct this unfortunate situation, it is certainly our duty to enrich the courses now given in this important subject. Miss Mayes is a thoroughly competent teacher and her book is both clear and practical. The chapters on the management of the various stages of labour are excellent.

ALLERGY, ITS PRACTICAL APPLICATION by J. A. Rudolph, M.D., Associate Clinician in Charge to the Department of Allergy, Mt. Sinai Hospital. Published in 1937 by Dorrance and Company, Philadelphia. 220 pages. Price, $3.00.

This comprehensive volume is written from practical experience with several thousand allergic patients. It is based entirely on questions asked by physicians, students of medicine, nurses and other professional groups interested in allergy. Its value to nurses lies in its admirably clear discussion of the fundamental features of allergic theory and practice. Special attention should be given to the chapters which deal with asthma. The nursing care

of patients suffering from this disease will be more intelligently performed if its pathology is better understood. Unusual systemic reactions, which may follow the administration of therapeutic serums, are described in a chapter which every nurse should read. There is an excellent bibliography.

CHEMISTRY OF FOOD AND NUTRITION, by Henry C. Sherman, Ph.D., Sc.D., Mitchill Professor of Chemistry, Columbia University. Fifth edition, completely rewritten. Published by The Macmillan Company of Canada, 70 Bond Street, Toronto 2, Ontario. 607 pages and index. Price, $3.00.

It has not been easy for nurses to keep in touch with the rapid progress which has taken place in recent years in the field of nutrition. As a rule the average student nurse does not possess a thorough grounding in chemistry and failing this, finds herself handicapped in the study of nutrition. The instructor of nurses, who must help her to overcome this difficulty, will find that this text book has a distinct value as a reference. Following a detailed consideration of the constituents of food there are chapters dealing with enzymes, digestion and metabolism. These are so clearly and simply written that even beginners may profit by reading them. Considerable attention is given to vitamins. The underlying philosophy of this book is best described by the author himself: "Present-day science is strongly imbued with the concept that we live in a dynamic world, and that the chief significance of things is to be found not through static descriptions but through the study of their functioning. Our present study will include a little of the descriptive or structural chemistry of the substances found in food; but in general the chief emphasis will be upon the consideration of the functioning of the substances in nutrition. For nutrition is the functional aspect of food chemistry and therefore its dominant aspect from the point of view of present-day science."

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**Cushney, Arthur A., A Textbook of Pharmacology & Therapeutics, 10th ed. revised by Edmunds & Gunn, Lea & Febiger.*

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We have been pretty well steeped lately . . . in an atmosphere of traveller's tales . . . official and otherwise . . . Very interesting they are too . . . though after awhile . . . one reaches the point of saturation . . . We found however . . . that a certain technique . . . developed to a high state of perfection . . . in our student days . . . stood us in good stead . . . We can still gaze . . . into the narrator's eyes . . . with an air of rapt attention . . . and yet be quite free . . . to pursue an independent train of thought . . . while waiting for a pause . . . during which WE may tell our little story . . . This expectation proved to be illusory . . . the pause never came . . . and we are therefore forced . . . to seek expression . . . in this page which nobody reads anyway . . . While we are not in a position . . . to refer lightly . . . to Buckingham Palace . . . or the House of Lords . . . our tale is one of cool courage . . . in the face of danger . . . One very hot August night . . . our innocent slumbers . . . were suddenly disturbed . . . by the grisly sensation . . . of a cold hand . . . passing over our brow . . . Panic-stricken, we turned on the light . . . to find that a pair of bats . . . had invaded our chaste abode . . . and were whirling about . . . in concentric circles . . . over our bed . . . We ducked under the sheet . . . in the hope that these vampires would presently depart . . . of their own accord . . . but they stayed on . . . squeaking horribly . . . Finally we summoned up our courage . . . leaped out of bed . . . seized a mop . . . and brandished it wildly . . . This intrepid attack . . . simply got us nowhere . . . The bats took refuge . . . in the clothes closet . . . and refused to come out . . . Then we remembered . . . that the brutes . . . . . . can only see in the dark . . . so we stealthily crept to the light . . . and turned it off . . . There was a rush of wings . . . and out they came . . . Chasing bats with a large mop . . . in a small apartment . . . in the dark . . . may be ranked as a dangerous sport . . . We swept a treasured vase . . . off a shelf . . . we barked our shins . . . we tripped over the rug . . . but finally with one fell swoop of our mop . . . we swept them out into the night . . . All this shows . . . that one does not have to travel . . . to find adventure . . . Some people are born to it . . . as the sparks fly upward . . . it just seeks them out . . . at home . . . E. J.

FLAME-PROOFING SHEETS

The menace of fire must never be overlooked in any hospital, large or small. In the larger institutions, the responsibility of nurses is minimized by the provision of modern fire-fighting equipment and the presence of a relatively large staff of male employees. In a small hospital, the nurses would certainly be obliged to deal with any emergency which might arise and they should be thoroughly conversant with the precautions which should be taken to prevent fire.

If an analysis were made of the cause of fires in hospitals, it would probably show that in some instances they may be traced to careless use of electrical appliances. A hot-plate is commonly used to heat the kettle which generates steam in a croup-tent. If the sheet which is used for the canopy should accidentally come in contact with the electrical appliance the consequences might be disastrous. This risk may be avoided by flame-proofing the sheets according to the following formula which is recommended in the regulations of the Public Hospitals Act of the Province of Ontario:

1. Make a saturated solution containing 70% borax and 30% boracic acid crystals.
2. Immerse the article to be treated.
3. Hang up to dry; do not wring out.

N. B. This method only flame-proofs the article. It is not waterproof. If the article becomes wet, it must be re-treated.

We are indebted to Miss E. M. McKee, superintendent of Brantford General Hospital and to Miss Mary Thompson of the staff of the Ottawa Civic Hospital for drawing our attention to these excellent suggestions.

COMING EVENTS

The American Public Health Association will hold its annual meeting, from October 5 to 8 inclusive, in New York City. The opening general session, with Dr. Parran, Mayor LaGuardia, Governor Lehman and Dr. Farrand on the platform, promises to be an especially colorful affair. Among the subjects chosen for joint sessions are nutritional problems with the Child Hygiene and Food and Nutrition Sections; waterborne diseases, with the Public Health Engineering and Epidemiology Sections; the crippled child, with the Child Hygiene and Public Health Nursing Sections and syphilis in industry, with the Industrial Hygiene and Public Health Nursing Sections. There will be an intensive three-day institute on public health education before the annual meeting begins, sponsored by the Health Education Section and under the direction of Professor Ira V. Hiscock of Yale University. The American Association of School Physicians, the National Organization for Public Health Nursing, and several other allied national groups will join with the American Public Health Association in a series of scentific sessions. All inquiries should be addressed to the American Public Health Association, 50 West 50th Street, New York City.

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ANNUAL MEETING IN NOVA SCOTIA

The twenty-eighth annual meeting of the Registered Nurses Association of Nova Scotia was held in Amherst on June 17 with the president, Miss Marion Haliburton, in the chair. About seventy-five members were in attendance. All the Branches had representation, namely: Halifax, 19 members, Antigonish-Guysboro-Inverness-Richmond, 5 members; Cape Breton and Victoria Branch, 2 members; Pictou, 4 members; Valley, 8 members; Lunenburg, 2 members; Colchester, 1 member. Cumberland County was, of course, present in full force. His Worship, Mayor Kaufman, extended a cordial greeting and congratulated the Cumberland nurses on establishing a local Branch.

The president welcomed two new branches to the Association—Lunenburg County and Colchester County. Hope was expressed that the Branch at Yarmouth would soon re-organize. The arrangements for the Biennial Meeting of the Canadian Nurses Association, which will be held in Halifax in July, 1938, were mentioned and the members were urged to give their support by enlisting the various Branches and impressing upon them the benefits of registration. It is only by attending local branch and provincial meetings that knowledge of the work of the Association may be gained. A letter from Miss Ruby Simpson, president of the Canadian Nurses Association, greeting the Registered Nurses Association of Nova Scotia and extending good wishes for a successful convention, was read by Miss Haliburton.

The registrar of the Association, Miss M. J. Graham, presented her official report from which some salient points are here quoted:

1. Since the last annual meeting, 137 nurses have been admitted to membership in the Association, 105 entering by examination, 26 by reciprocity and 6 by waiver.

2. Membership is at present 943, of whom 698 are in good standing.

3. The resignation of Sister Mary Peter as examiner in anatomy physiology and bacteriology was regretfully accepted.

4. Registration of staff members was made compulsory in two hospitals during the year, at the Dawson Memorial Hospital, Bridgewater, and at Harbour View Hospital, Sydney Mines.

5. A letter was written to the Board of School Commissioners of Halifax, requesting that they employ as school nurses only those who are registered and in good standing in the Association. A reply was received from the secretary, pledging the support of the Board.

Excellent reports were received concerning the activities of the following branches: Halifax County Branch, report prepared by Miss K. MacDonnell; Cape Breton and Victoria Branch, presented by Miss Kaye MacNeil; Antigonish - Guysboro - Inverness - Richmond Branch, presented by Miss Marie LeBlanc; Pictou County Branch, prepared by Miss Blanche Reid; Colchester County Branch, presented by Miss Ethel Duncan; Cumberland County Branch, presented by Miss Grace Smith; Valley Branch, prepared by Miss Phoebe MacDonald As the Lunenburg County Branch has only been organized recently, a short verbal report of its activities was made by Miss Cheetham. All the reports of the Branches were seconded by Miss V. Weatherbee.

Miss Anne Slattery, convenor of the Public Health Section, presented a most interesting report, a summary of which follows:

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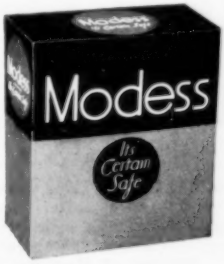

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lic health nursing during the past year was the report of a survey on health conditions in Glace Bay and the adjoining districts made by Dr. Grant and Dr. McLean of Dalhousie University. Besides making recommendations for the control of tuberculosis in Cape Breton, the report advised the establishment of a health unit for Cape Breton Island, with a full-time medical health officer in charge, an assistant officer and six public health nurses. At present there are four public health nurses working in Cape Breton, an additional nurse for Cape Breton County having been appointed last autumn. Six other field workers are similarly employed in Nova Scotia, doing generalized public health nursing under the Department of Health.

The staff of the Victorian Order of Nurses now numbers thirty-two. These nurses are employed in Halifax, Sydney, Glace Bay, and a number of the smaller centres of population where they are doing an immense amount of public health work by means of bedside nursing and health teaching. The Victorian Order of Nurses is to be congratulated upon its advanced programme of public health work and also upon the policy now insisted upon namely that of appointing nurses with public health training to the staff. This is especially valuable in districts having only one nurse. It is becoming more and more evident that the nurse doing public health work must have had adequate preparation. The untrained worker cannot be expected to measure up to the work demanded of her and it does not take long for this fact to be realized.

Other public health workers in the Province include eleven school nurses in the various cities and larger towns two under the Red Cross one district nurse in North Sydney, one Junior Red Cross director, one Metropolitan Life Association nurse in Amherst, and two industrial nurses in Liverpool, as well as the nurses at the Dalhousie Public Health Clinic in Halifax, making a total of sixty-one, or about one to every 8000 persons in the Province. In relation to future developments, it was urged that all public health nurses should watch carefully to see what opportunity is afforded to them

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of taking part in health insurance schemes.

On behalf of the Private Duty Section, Mrs. E. Haliburton reported that little activity had been displayed in the private duty sections of the Province during the year. Employment has shown some improvement, although the cases were of short duration. An eight-hour day has been discussed but nothing definite has been done. The refresher course, held in Halifax during the winter months, was of special interest to the private duty nurses. A good representation was in attendance.

The convener of the Nursing Education Section, Miss Victoria I. Winslow, presented the following information regarding the activities of that section:

The introduction of the new curriculum in the schools of nursing of Nova Scotia has been an outstanding event. Four schools report that they have followed it closely, others have followed it to a certain extent and a number have studied it but so far have been unable to use it. There are fifteen hospitals which conduct schools of nursing in the Province. One reports that no more students will be admitted and that the school will close when the students now in training have finished. Another hospital, whose school was reported last year as closing, has re-opened, therefore the number remains unchanged. The number of students and the ratio of graduates in the various schools remain fairly constant, also the number of nurses graduating during the year. During the past year there has been a greater interest in postgraduate work, several nurses having availed themselves of the opportunity, while others are preparing to enter Universities. The Loan Fund, amounting to $600.00 from the Provincial Association, was divided between two nurses, one using it for a public health course the other for a course in teaching in schools of nursing.

Three schools report the eight-hour system. The General Hospital, Glace Bay, has completed a beautiful new residence for their nurses. This is a noteworthy mark of progress, and in keeping with the splendid record of this Hospital and School. Affiliation with the Victorian Order of Nurses for a limited number of students is now available in two sections of the Province. This privilege is greatly appreciated by both schools and students. In the various schools of nursing there are six instructors who have qualified in the School for Graduate Nurses at McGill University, two of these being in one school. Three received their training at St. Francis Xavier Uni-

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versity, and one school employs a nurse who has had ten years experience in teaching.

A most satisfactory report was received from Miss E. Browne, convener of the Committee on National Enrolment. The number of nurses enrolled for emergency service this year was 123, an increase of 18. Two branches have exceeded their quota The Valley Branch enrolment totalled 22, their quota being 21; Cumberland enrolled 16, their quota being 11. Lunenburg reached its quota of 5, and Queens, Shelbourne and Yarmouth Counties, unattached to any branch, reached their quota of 6. Nova Scotia has 70 per cent of its quota of 175 and increased its enrolment 17 per cent this year.

An invitation to hold the annual meeting in 1938 at New Glasgow was received from the Pictou County Branch and was accepted.

The officers for 1937-1938 are as follows: president, Miss Marion Haliburton; first vice-president, Miss Edith Fenton; second vice-president, Miss Lenta Hall; third vice-president, Sister Anna Seton; recording secretary, Miss Mary Saxton. The convenors of sections and committees are as follows: Public Health, Miss Anne Slattery; Private Duty, Miss Anna Brennan; Nursing Education, Miss Eleanor Grew; programme and publication, Miss Katherine Jamer; legislative, Miss Bessie Hart; registrar's advisory, Miss Gladys Strum; library, Miss Jane Hubley; Red Cross Emergency, Miss Jane Watkins, nominating, Miss Christiana MacLean.

Under the convenorship of Miss A. Hillcoat, the arrangements committee planned a delightful dinner at which Dr. H. B. Atlee was the guest speaker. A drive to Fort Beausejour proved to be another pleasant social occasion as did a tea at the Amherst Golf Course.

NEWS NOTES

BRITISH COLUMBIA

VANCOUVER: The following marriages have recently taken place.

Married: Recently, Miss Muriel M. Foster (V.G.H.) to Mr. Arthur Wayment.

Married: Recently, Miss Margery Joan Lee (V.G.H.) to Mr. Louis Livingstone.

Married: Recently, Miss Freda Alberta Garthorne (V.G.H.) to Dr. W. E. Harrison.

MANITOBA

ST. BONIFACE: Misses Mary and Lorna Webb, recent graduates of the School of Nursing of the St. Boniface Hospital, are spending the next six months in Liverpool, England, where they are undertaking postgraduate study. Later they will take up the work of their profession in India.

NOVA SCOTIA

HALIFAX: The following Halifax nurses attended the International Congress of Nurses in London: Miss G. E. Strum, superintendent of nurses, Victoria General Hospital; Miss Victoria Winslow, superintendent, Halifax Children's Hospital; Miss A. Edith Fenton, supervisor, Dalhousie Public Health Clinic; Miss Alice Cox, superintendent, Halifax Tuberculosis Hospital; Mrs. Mildred Hall and Miss Vera J. Dauphinee.

Miss A. Jean Burgess (V.G.H., 1930) has returned to the Halifax staff of the Victorian Order of Nurses after a year's postgraduate course in public health nursing at the School of Nursing of the University of Toronto. Miss Mae Parker (R.V.H., Montreal, 1927) and Miss Georgia Byers (V.G.H., 1937) were with the Victorian Order of Nurses in Halifax during July and August. Miss Dorothy Kaulbach (V.G.H., 1934) is taking a postgraduate course in tuberculosis at the East St. John Hospital. Miss Ruth Vincent (V.G.H., 1936) is taking a six months' postgraduate course at the Polyclinic Hospital, New York.

Married: On July 12, 1937, Miss Marjorie

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Gough (V.G.H., 1931) to Mr. John Maskell.

Married: On June 15, 1937, Miss Margaret Muir (V.G.H., 1931) to Rev. Ward MacLean.

Married: On June 30, 1937, Miss Marion DeCourcey (V.G.H., 1933) to Rev. Ross Robbins.

Married: On July 21, 1937, Miss Margaret Jost (V.G.H., 1935) to Mr. Willard Banks.

Married: On July 22, 1937, Miss Dorothy MacIntosh (V.G.H., 1929) to Mr. John Larskin, R.C.M.P.

Married: On June 5, 1937, Miss Margaret King (V.G.H., 1931) to Dr. J. S. Robertson.

ONTARIO

District 1.

London: Miss Evelyn Hazlewood, Miss Ella Haldane and Miss Della Birrell were among the London nurses attending the International Congress in London. Miss Elsie Hubbard has resigned her position as supervisor of the War Memorial Childrens' Hospital, London. Miss Hazel Cryderman is succeeding her until a permanent appointment is made.

Married: Recently, Miss Mary Isabelle Johns (B.Sc.N.) to Mr. John William Dodd.

District 5

Orillia: The Alumnae Association of the Orillia Soldiers Memorial Hospital has elected the following officers for 1937-38: honorary presidents, Miss E. Johnston, Miss O. Waterman; president, Miss Anne Reekie; vice-presidents, Miss J. Quinton, Miss J. Harper; treasurer, Miss Mae McCuaig; recording secretary, Miss M. Middleton; corresponding secretary, Miss Nettie Fowler.

(*Continued on page 472*)

Official Directory

International Council of Nurses
Executive Secretary, Miss Anna Schwarzenberg, 51 Palace Street, London, S.W.1., England.

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President ..... Miss R. M. Simpson, Parliament Buildings, Regina, Sask.
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Alberta: (1) Miss Kate S. Brighty, Administration Building, Edmonton; (2) Miss H. S. Peters, University Hospital, Edmonton; (3) Miss R. Chittick, Normal School, Calgary; (4) Mrs. M. Tobin, 385-4th Street, Medicine Hat.

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New Brunswick: (1) Mrs. G. E. Van Dorsser, Health Centre, Saint John; (2) Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss Kathleen Lawson, 84 Wright St., Saint John.

Nova Scotia: (1) Miss Marion Haliburton, 40 South St., Halifax; (2) Miss Eleanor Grew, Children's Hospital, Halifax; (3) Miss A. Slattery, Windsor; (4) Miss Anna Brennan, 53 Pine St., Dartmouth.

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Prince Edward Island: (1) Sr. Stanislaus, Charlottetown Hospital, Charlottetown; (2) Miss Anna Mair, P. E. I. Hospital, Charlottetown; (3) Miss Ina Gillan, 277 Kent St., Charlottetown; (4) Miss G. MacGuigan, Charlottetown Hospital, Charlottetown.

Quebec: (1) Miss M. L. Moag, 1246 Bishop St., Montreal; (2) Miss M. Batson, The Montreal General Hospital, Montreal; (3) Miss M. I. Brady, 1421 Atwater Ave., Montreal; (4) Miss M. Craig, Apt. 93, Linton Apts., Montreal.

Saskatchewan: (1) Miss A. F. Lawrie, Regina General Hospital, Regina; (2) Miss Edith Amas, City Hospital, Saskatoon; (3) Miss Ann Morton, Weyburn; (4) Miss Helen Jolly, 1301 15th. Ave., Regina.

CHAIRMEN, NATIONAL SECTIONS

NURSING EDUCATION: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal. PUBLIC HEALTH: Miss A. E. Wells, Dept. of Health, Legislative Bldg., Winnipeg. PRIVATE DUTY: Miss J. L. Church, 120 Strathcona Ave., Ottawa.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

NURSING EDUCATION SECTION

CHAIRMAN: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal; VICE-CHAIRMAN: Miss E. Amas, City Hospital, Saskatoon; SECRETARY: Miss E. F. Upton, Ste. 1019 Medical Arts Bldg., Montreal; TREASURER: Miss A. J. MacLeod, University Hospital, Edmonton, Alta.

COUNCILLORS: **Alberta:** Miss H. S. Peters, University Hospital, Edmonton. **British Columbia:** Miss A. Cavers, Vancouver General Hospital. **Manitoba:** Miss E. Mallory, The Children's Hospital, Winnipeg. **New Brunswick:** Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton. **Nova Scotia:** Miss Eleanor Grew, Children's Hospital, Halifax. **Ontario:** Miss R. M. Beamish, Toronto Western Hospital, Toronto. **Prince Edward Island:** Miss Anna Mair, P.E.I. Hospital, Charlottetown. **Quebec:** Miss M. Batson, The Montreal General Hospital, Montreal. **Saskatchewan:** Miss E. Amas, City Hospital, Saskatoon.

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Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss Kate S. Brighty, Administration Building, Edmonton; First Vice-President, Sister Mansfield, Holy Cross Hospital, Calgary; Second Vice-President, Miss Margaret S. Fraser, Royal Alexandra Hospital, Edmonton; Secretary-Treasurer-Registrar, Mrs. A. E. Vango, 11109-83 Ave., Edmonton; *Chairmen of Sections: Nursing Education*, Miss Helen S. Peters, University Hospital, Edmonton; *Public Health*, Miss R. Chittick, Normal School, Calgary; *Private Duty*, Mrs. M. Tobin, 385-4th St., Medicine Hat.

BRITISH COLUMBIA

Registered Nurses Association of British Columbia

President, Miss G. M. Fairley, Vancouver General Hospital; First Vice-President, Miss E. G. Breeze; Second Vice-President, Miss M. Duffield; Secretary, Miss F. Walker, 520 Vancouver Block, Vancouver; Registrar, Miss Helen Randal, 520 Vancouver Block, Vancouver; *Councillors*: Miss E. Clarke, New Westminster; Miss L. Mitchell, Victoria; Miss Helen Randal, Miss K. I. Sanderson, Vancouver; Sister Mary Beatrice, Victoria; *Conveners of Sections: Nursing Education*, Miss A. Cavers, Vancouver General Hospital; *Public Health*, Miss M. E. Kerr, Eburne; *Private Duty*, Miss M. Teulon, Vancouver.

MANITOBA

Manitoba Association of Registered Nurses

President, Miss E. McDowell; First Vice-President, Miss E. Russell; Second Vice-President, Miss I. Broadfoot, St. Boniface Health Unit, City Hall, St. Boniface; Third Vice-President, Rev. Sister Krause, St. Boniface; Hon. Secretary, Miss A. Baird, 85 Kennedy St., Winnipeg; *Members of Board*: Miss J. Stothart, Dauphin; Miss T. Wiggins, Winnipeg General Hospital; Miss D. Muir, Brandon Mental Hospital; Sister St. Irma, St. Joseph's Hospital, Winnipeg; Miss K. Day, Children's Hospital Winnipeg; Miss J. Archibald, Shriners' Hospital, Winnipeg; Miss J. Morrison, 44 Arlington St., Winnipeg; Miss M. Wilkins, 753 Wolseley Ave., Winnipeg; *Conveners of Sections: Nursing Education*, Miss E. Mallory, Children's Hospital, Winnipeg; *Public Health*, Miss Broadfoot, St. Boniface Health Unit, City Hall, St. Boniface; *Private Duty*, Miss A. McIntyre, Ste. 8, Agnes Apts., Agnes and Ellice Ave., Winnipeg; *Social*, Miss K. McLearn, Shriners' Hospital Winnipeg; *Visiting*, Miss M. Baldwin, Winnipeg General Hospital; *Press*, Miss L. Kelly, 753 Wolseley Ave., Winnipeg; *Membership*, Miss P. Anderson, 227 Balmoral St., Winnipeg; *Library*, Secretary-Treasurer, 214 Balmoral St., Winnipeg; *Finance*, Miss R. Dickie, 103 Chestnut St., Winnipeg; *Nightingale Memorial Foundation*, Miss R. Dickie; Representative to: *The Canadian Nurse*, Miss P. Brownell, 215 Chestnut St., Winnipeg; Secretary-Treasurer, Miss Gertrude Hall, 214 Balmoral St., Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Mrs. G. E. Van Dorsser, Health Centre, Saint John; First Vice-President, Miss A. J. MacMaster; Second Vice-Pres., Miss W. MacLean; Hon. Sec., Sister Kenny; *Councillors*: Miss Miller, Moncton; Miss Hadrill, Newcastle; Miss E. Brown, Fredericton; Miss Moffat and Miss McMullen, St. Stephen; Miss Murdoch, Saint John; Miss Tulloch, Woodstock; Secretary-Treasurer-Registrar, Miss M. E. Retallick, 262 Charlotte St., West Saint John; *Conveners of Sections: Nursing Education*, Sister Kerr; *Private Duty*, Miss K. Lawson; *Public Health*, Miss A. A. Burns; *Conveners of Committees: Constitution and By-Laws*, Miss H. S. Dykeman; *Representative to The Canadian Nurse*, Miss M. Miller.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

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ONTARIO

Registered Nurses Association of Ontario

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District 1

Chairman, Miss M. Hoy; Vice-Chairman, Miss D. Shaw; Secretary-Treasurer, Mrs. A. Johnston, 80 Villaire Ave., Riverside; *Councillors*: Misses F. Connolly, A. Claypole, L. Pettypiece, J. Paul, F. Ritchie, M. Spence; *Conveners*: *Nursing Education*, Miss E. Hazelwood; *Private Duty*, Mrs. M. Elrick; *Public Health*, Miss E. Cummings; *Permanent Education*, Miss L. Horwood; *Publications*, Miss N. Williams; *Membership*, Miss N. Gerard.

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District 5

Chairman, Miss Irene Weirs; Vice-Chairman, Miss W. L. Chute; Secretary-Treasurer, Miss Gwladwen Jones, Toronto Western Hospital; *Councillors:* Misses F. Matthews, O. Waterman, M. Wilkinson, A. Neil, J. Smith, E. Moore; *Committee Conveners: Private Duty,* Miss W. Worth; *Public Health,* Miss M. Sellery; *Nursing Education,* Miss E. Williams.

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Chairman, Miss E. Young; Vice-Chairman, Miss E. Reid; Sec.-treas., Miss L. Stewart, 340 Rubidge St., Peterborough; *Committee Conveners: Private Duty,* Miss L. Ball; *Nursing Education,* Miss F. McIndoo; *Public Health,* Miss M. Poulson; *Publications,* Miss E. Walsh; *Membership,* Miss M. Moher.

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District 10

Chairman, Miss Gladys Young, 119 Pine St., Port Arthur; First Vice-Chairman, Miss Dorothy Adams, Red Cross Outpost Hospital, Kakabeka Falls; Secretary-Treasurer, Miss Wilma Ballantyne, McKellar General Hospital, Fort William; *Councillors;* Misses M. Wallace, M. Guss, F. Gleeson, C. Chivers Wilson, Mrs. Mickelson.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

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QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Mary Samuel, Mabel F. Hersey, Jean S. Wilson, Rév. Soeur Allard, Rév. Soeur Marcellin, Mademoiselle Maria Beaumier; President, Miss Margaret L. Moag; Vice-President (English), Miss C. V. Barrett; Vice-President (French), Mlle Alexina Marchessault; Honorary Secretary, Mlle Suzanne Giroux; Honorary Treasurer, Miss C. M. Ferguson; *Members without Office:* Rév. Soeur Gauthier, Misses Mabel K. Holt, Eileen C. Flanagan, Marion E. Nash, Mlle Juliane Labelle; *Conveners of Sections:* Private Duty (English), Miss M. L. Craig, 93 Linton Apartments, Montreal; *Private Duty* (French), Mlle Claire Godbout, 463 avenue DesForges, Trois Rivières; *Nursing Education* (English), Miss Martha Batson, The Montreal General Hospital, Montreal; *Nursing Education* (French), Rév. Soeur Valerie de la Sagesse, Hôpital Ste. Justine, Montreal; *Public Health* (bi-lingual), Miss M. I. Brady, 1421 Atwater Ave., Montreal; *Board of Examiners:* Miss Olga V. Lilly (convener), Royal Victoria Montreal Maternity Hospital; Misses Marie DesBarres, K. L. Annesley, Katherine MacLennan, Mesdemoiselles M. Anysie Déland, Alexina Marchessault, A. Rita Guimont; Executive-Secretary, Registrar and Official School Visitor, Miss E. Frances Upton, Room 1019, Medical Arts Bldg., 1538 Sherbrooke St. West, Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Annie F. Lawrie, General Hospital, Regina; First Vice-President, Miss Ann Morton, Weyburn; Second Vice-President, Rev. Sister O'Grady, St. Paul's Hospital, Saskatoon; *Councillors:* Miss Mathilda Diederichs, Grey Nuns' Hospital, Regina; Miss Christina MacDonald City Hospital, Saskatoon; *Conveners of Standing Committees: Public Health,* Miss Ann Morton, Weyburn; *Private Duty,* Miss Helen Jolly, 1301 15th Ave., Regina; *Nursing Education,* Miss Edith Amas, City Hospital, Saskatoon; Secretary-Treasurer, Registrar and Advisor, Schools for Nurses, Miss K. W. Ellis, 1761 Scarth St., Regina.

Regina Registered Nurses Association

Hon. President, Miss A. Lawrie; Hon. Vice-President, Sister Tougas; President, Miss G. McDonald; First Vice-President, Miss A. Cleaver; Second Vice-President, Miss M. McGrath; *Committees: Visiting,* Miss D. Kerr; *Entertainment,* Miss H. Jolly; *Press and Rep.* to *The Canadian Nurse,* Miss M. Armatage; Sec., Miss K. Morton, 3114 Victoria Ave.; Registrar-Treasurer, Miss M. Armatage.

Associations of Graduate Nurses

Overseas Nursing Sisters Association of Canada

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ALBERTA

Calgary Association of Graduate Nurses

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Medicine Hat Graduate Nurses Association

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BRITISH COLUMBIA

Nelson Registered Nurses Association

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New Westminster Graduate Nurses Association

Hon. President, Miss E. Clark; President, Mrs. J. Wright; First Vice-Pres., Miss E. H. Gould burn; Second Vice-Pres., Miss E. Gow; Sec., Miss E. Wrightman, 447 Columbia St.; Treas., Miss A. Macphail; Representative to *The Canadian Nurse*, Misses Lovering and Naven.

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Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Mary Alfreda; President, Miss E. Toynbee; First Vice-President, Miss M. Mirfield; Second Vice-President, Mrs. Bothwell; Secretary, Miss H. Andrews, 2825 Prior St.; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1015 Mirfield Road; *Executive Committee*: Misses T. Locke, F. Crampton, D. Frampton, M. Sangster, Mrs. Strachan.

MANITOBA

Brandon Graduate Nurses Association

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ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clarke; First Vice-Pres., Miss M. Foster; Second Vice-Pres., Mrs. Bell; Sec., Miss D. Gilmour; Treas., Miss H. Durant; *Committee Conveners: Social and Flower*, Miss M. McBride, Miss D. Cavell, Miss M. Willoughby, Miss I. McLeod, Mrs. James; *Press*, Miss M. Fraser; *Representative to Local Council of Women*, Miss Condie, Mrs. Bell.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss E. G. Leys, 3545 Park Ave.; First Vice-President, Miss A. Jamieson; Second Vice-President, Miss F. M. Thomson; Secretary-Treasurer, Miss M. K. M. Drummond, 1230 Bishop St.; Directress of Nursing Service Bureau, Miss F. A. George; Chairman, Nursing Service Bureau, Miss E. F. Upton; Registrars, Misses E. Clark, E. Gruer, M. MacCallum; *Convenor*, Griffintown Club, Miss G. Colley. Regular Meeting held on second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. A. Young; President, Miss J. Moir; First Vice-President, Mrs. Droppo; Second Vice-President, Miss L. Carter; Secretary, Miss U. McNabb, 816 Algoma Ave.; Treasurer-Registrar, Miss E. Heglin, Ste. 202, Walter Scott Bldg.; *Committees: Nursing Education*, Misses McPhedran and H. Young; *Public Health*, Miss Armstrong; *Private Duty*, Misses Coventry and Ferguson; *Programme*, Miss Hildebrant; *Social*, Miss L. Small; *Visiting*, Miss Meadows; *Press*, Miss Reynolds; *Representative* to *The Canadian Nurse*, Miss H. Young.

Alumnae Associations

ALBERTA

A.A., Calgary General Hospital

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A.A., Royal Alexandra Hospital, Edmonton

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A.A., University of Alberta Hospital, Edmonton

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A.A., Lamont Public Hospital, Lamont

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BRITISH COLUMBIA

A.A., Vancouver General Hospital, Vancouver

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A.A., Royal Jubilee Hospital, Victoria

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MANITOBA

A.A., St. Boniface Hospital, St. Boniface

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DISTRICT 6

PETERBOROUGH: The Alumnae Association of the Nicholls Hospital, Peterborough, has elected the following officers for 1937-38: honorary president, Mrs. E. M. Leeson; president, Miss M. Watson; first vice-president, Miss F. Vickers,; second vice-president, Miss H. Russell; secretary, Miss D. Everson, 171 Kent St.; treasurer, Miss M. Roy, 88 London St.; corresponding secretary, Miss M. Beavis, 406 Sheridan St.

SASKATCHEWAN

REGINA: The marriages of the following members of the Regina Registered Nurses' Association took place recently:

Married: Recently, Miss Dora Campbell (R.G.H., 1923) to Mr. William Hall.

Married: On July 27, 1937, Miss Nora Strathdee (V.G.H., 1929) to Mr. Arthur L. Williams.

Married: On July 27, 1937, Miss Nina Caulder (R.G.H., 1934) to Mr. Robert H. Gillies.

Married: On July 7, 1937, Miss Isabell Sivell (R.G.H., 1934) to Dr. Frank Schroeder.

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